

## PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request U.S. Environmental Protection Agency, Office of Air and Radiation, Office of Air Quality, Planning and Standards		2. OMB control number a. _____ b. <u>X</u> None <u>2</u> <u>0</u> <u>6</u> <u>0</u>	
3. Type of information collection ( <i>check one</i> ) a. <u>X</u> New collection b. _____ Revision of a currently approved collection c. _____ Extension of a currently approved collection  d. _____ Reinstatement, <b>without change</b> , of a previously approved collection for which approval has expired e. _____ Reinstatement, <b>with change</b> , of a previously approved collection for which approval has expired f. _____ Existing collection in use without OMB control number  <i>For b–f, note Item A2 of Supporting Statement Instructions</i>		4. Type of review requested ( <i>check one</i> ) a. _____ Regular b. <u>X</u> Emergency - Approval requested by: <u>10</u> / <u>17</u> / <u>98</u> c. _____ Delegated	
		5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? _____ Yes <u>X</u> No	
		6. Requested expiration date a. <u>X</u> Three years from approval date b. _____ Other Specify: _____ / _____	
7. Title Electric Utility Steam Generating Unit Mercury Emissions Information Collection Effort			
8. Agency form number(s) ( <i>if applicable</i> ) EPA ICR No. 1858.01			
9. Keywords Environmental Protection, Air Pollution Control, Hazardous Air Pollutants, Mercury			
10. Abstract Respondents are owners and operators of coal-fired electric utility steam generators. Respondents must submit coal analyses and emission test results for mercury. The EPA will use this information to assess the need for regulation of the electric utility industry for HAP emissions.			
11. Affected public ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. _____ Individuals or households d. _____ Farms b. <u>P</u> Business or other for-profit e. _____ Federal Government c. _____ Not-for-profit institutions f. <u>X</u> State, Local or Tribal Government		12. Obligation to respond ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. _____ Voluntary b. _____ Required to obtain or retain benefits c. <u>P</u> Mandatory	
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>1,100</u> b. Total annual responses <u>1,100</u> 1. Percentage of these responses collected electronically <u>50</u> % c. Total annual hours requested <u>45,445</u> d. Current OMB inventory <u>0</u> e. Difference <u>45,445</u> f. Explanation of difference 1. Program change <u>45,445</u> 2. Adjustment <u>0</u>		14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>18,891</u> c. Total annualized cost requested <u>18,891</u> d. Current OMB inventory <u>0</u> e. Difference <u>18,891</u> f. Explanation of difference 1. Program change <u>18,891</u> 2. Adjustment <u>0</u>	
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. _____ Application for benefits e. <u>P</u> Program planning or management b. _____ Program evaluation c. _____ General purpose statistics f. <u>X</u> Research d. _____ Audit g. _____ Regulatory or compliance compliance		16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <u>X</u> Recordkeeping b. _____ Third party disclosure c. <u>X</u> Reporting 1. <u>X</u> On occasion 2. _____ Weekly 3. _____ Monthly 4. <u>X</u> Quarterly 5. _____ Semi-annually 6. _____ Annually 7. _____ Biennially 8. _____ Other ( <i>describe</i> ) _____	
17. Statistical methods  Does this information collection employ statistical methods?  x Yes No		18. Agency contact ( <i>person who can best answer questions regarding the content of this submission</i> )  Name: Bill Maxwell Bill Grimley EPA/CG EPA/EMAD MD (13) MD (19) Phone: 919-541-5430 919-541-1065	

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Office Official	Date
Signature of Senior Official or designee  <i>Director, Regulatory Information Division</i>	Date